

FILED APR 23 1954

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **12298**

BIRTH NO.		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3026		Registrar's No. 192	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. LENGTH OF STAY (in this place) 3 yrs		c. CITY OR TOWN Independence		d. Is Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Sanitarium				f. STREET ADDRESS (If rural, give location) 932 S. Noland			
3. NAME OF DECEASED (Type or Print)		a. (First) Samuel		b. (Middle) Bert		c. (Last) Barr	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH July 19, 1880	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY self employed		9. AGE (In years last birthday) 73		11. BIRTHPLACE (City and State or Foreign Country) Yale, Michigan	
13a. FATHER'S NAME Stephen Barr		13b. MOTHER'S MAIDEN NAME Mary Jane Barr		14. NAME OF HUSBAND OR WIFE Anna Jane Barr			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 377 16 7040		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Anna Jane Barr, Independence, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage Left Side & Right Side ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hypertension DUE TO (c) chronic nephritis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 12 days 7	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 446 X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from April 2, 1954 to April 14, 1954 , that I last saw the deceased alive on April 13, 1954 and that death occurred at 7:00 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Carl Allen M.D.		23b. ADDRESS Independence, Mo.		23c. DATE SIGNED 4/14/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4/14/54		24c. NAME OF CEMETERY OR CREMATORY unknown		24d. LOCATION (City, town, or county) (State) Yale, Michigan	
DATE REC'D BY LOCAL REG. 4-14-54		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Independence, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

KS NOV 25 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Dean W. Huff*

Licensed Embalmer No. *4917*

P. O. Address *Independence*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.